

## **EXHIBIT 6**

Address Number: 2568231 Heim, Brian  
Document Name: \_\_\_\_\_

F2 - Hide Comments

| Doc Creation |            |          |                    |              | Sta |
|--------------|------------|----------|--------------------|--------------|-----|
| Typ          | User       | Date     | User Entered       | Comment      | tus |
| —            | SOM SABREU | 08/30/12 | HS                 | ON FILE.     | AVL |
| —            | PHALL      | 03/01/12 | WITHIN SCOPE/LTR   | HS           |     |
| —            | TDD DHAGAN | 01/10/12 | W/IV S/A#021736100 | X12/12 TC3   | AVL |
| —            | PHALL      | 10/24/11 | WITHIN SCOPE/HS    | LTR ON FILE  |     |
| —            | SOM THARR2 | 08/17/11 | RCVD HS LETTER--   | APPROVED     | AVL |
| —            | BMILO2     | 06/10/11 | W/TP.WEB S/A       | X10/13 HEIM  |     |
| —            | TDD BMILO2 | 06/03/11 | W/IV 021736100     | S/A X12/11   | AVL |
| —            | STL BMILO2 | 06/03/11 | W/MP L#35.071122   | S/A X10/1/12 | AVL |

| Reel | Frame | Date | Comment | Line | Entered By | Date Ent |
|------|-------|------|---------|------|------------|----------|
|------|-------|------|---------|------|------------|----------|

Action Code. . I  
Address Number 2568231 Heim, Brian

approved to purchase Testosterone, will continue to notify DEA if orders.

Opt: 1=Insert Line 9=Delete Line F24=More Keys

Action Code. . I  
Address Number 2568231 Heim, Brian

Responsible Party: BRIAN HEIM MD

Opt: 1=Insert Line 9=Delete Line F24=More Keys

Search Type: SOM  
Type Data: CS  
Eff Date 081711

14004837

Action Code. . I

Address Number 2568231 Heim, Brian

O  
P

heim approved for controls

Opt: 1=Insert Line 9=Delete Line F24=More Keys

Search Type. TDD  
Type Data. . . . CS  
Eff Date 060311

Address Number 2568231 Heim, Brian

cat 3 responsible party Brian Heim MD

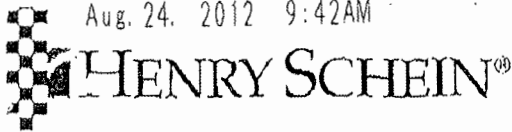
**HSI-MDL-00001202**

Opt: 1=Insert Line 9=Delete Line F24=More Keys

Action Code. . I  
Address Number 2568231 Heim, Brian  
8/23/12-as per shaun to eml the dr a new quest- sent 3306684747 PH  
8/24/12 recieved completed questionnaire placed in bin to be approved fdu6376  
8/25 gave to shaun th

F24=More Keys





Aug. 24. 2012 9:42AM

No. 3241 P. 1/2

LICENSE VERIFICATION DEPARTMENT

PHONE: (800) 472-4346 Ext. 5025

FAX: (631) 643-5390

Date: August 23, 2012 Account: 2568231

Brian Heim  
3562 Ridge Park Dr Ste A  
Akron OH US 44333

Dear Dr. Brian Heim ,

Henry Schein, Inc. is required as a distributor of controlled substances and list one chemicals to "Know Our Customer," based on Federal DEA regulations. The information you provide will assist us in our regular and ongoing review process, and help expedite the release of your current and future controlled substance orders.

1. Please describe your practice type: ☐ Large Group ☒ Solo practice ☐ Other list \_\_\_\_\_
2. Website (if any) \_\_\_\_\_
3. What is your licensed specialty? FAMILY PRACTICE / Current practice specialty? FAMILY PRACTICE
4. Is the practice owned by a licensed practitioner? Yes ☒ No ☐ (If no please provide owners name and occupation) \_\_\_\_\_
5. Is the above listed address your: Home ☐ Office ☒ or Both ☐ ?
6. If it's your home address, please list practice address. \_\_\_\_\_
7. Business phone number. Land line (330) 668-7878 Fax Line (330) 668-4747 Cell ( ) \_\_\_\_\_
8. Number of Practitioners in this office? 0 PA's 0 NP's \_\_\_\_\_ Other (list) \_\_\_\_\_
9. Do you have an onsite dispensary? Yes ☐ No ☒
10. Do you accept insurance? Yes ☒ No ☐ , % of patients who pay with cash/credit/check? 8 %
11. Do you have controls to ensure only authorized employees are able to order and receive controlled substances? Yes ☒ No ☐  
If No, please explain: \_\_\_\_\_
12. Days /Hours of operation: M-F 8-5
13. Do you order controlled substances for multiple locations? Yes ☐ No ☒ (If yes, please provide list of locations)
14. Approximately, how many patients does each practitioner see daily? 25. What percentage of patients are from out of state 0 %
- 14b. Please circle the approximate % of patients that leave your office with controlled substances daily?  
0%, 0% 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%
- 14c. Please circle the approximate % of patients you administer controlled substances to daily?  
0% 0% 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%
15. Do you use any of the controlled drug items you order to treat family members or friends? Yes ☐ No ☒ If Yes, are you their primary care physician? Yes ☐ No ☐ Please explain in detail: \_\_\_\_\_
16. Do you use any of the controlled drug items you order for your own personal use? Yes ☐ No ☒ If Yes, are you filling a prescription from your personal physician? Yes ☐ No ☐ Please explain: \_\_\_\_\_

Henry Schein, Inc., 135 Duryea Road, Melville, NY 11747



Aug. 24. 2012 9:42AM

No. 3241 P. 2/2



17. Please list all the controlled substances you intend to order from Henry Schein, Inc. For each controlled substance, please list the expected quantity, expected frequency, and the conditions that the product(s) are being used to treat. This information will be used to expedite the shipment of your current and future controlled substance orders. Please see the below example we provided to assist you in filling out this critical information.

| <u>Product/Drug Name</u>   | <u>Expected Order Quantities</u>   | <u>Expected Order Frequency, i.e. Monthly, Quarterly, etc.</u> | <u>Please List the Conditions the Products are being used to Treat</u> |
|----------------------------|------------------------------------|--|--|
| <i>Example- Alprazolam</i> | <i>Example- 1 Bottle 100 count</i> | <i>Example- Monthly</i>  | <i>Example- Anxiety disorder</i>                                       |
| TESTOSTERONE               | 4 VIALS                            | MONTHLY  | HYPOGONADISM   |
|                            |                                    |  |  |
|                            |                                    |  |  |
|                            |                                    |  |  |
|                            |                                    |  |  |
|                            |                                    |  |  |
|                            |                                    |  |  |
|                            |                                    |  |  |
|                            |                                    |  |  |
|                            |                                    |  |  |

Brian W. Hemms MD  
Doctor Name (Print)

BH7542283  
DEA Number

35-07-1122  
State License Number

Brian W. Hemms MD  
Doctor Signature

8/24/12  
Date





| Name and Address <span style="float: right;">[back]</span> |   |
|--|---|
| Name   | COPLEY PRIMARY CARE, LLC                          |
| Public Address   | 3562 RIDGE PARK DRIVE, SUITE A<br>AKRON, OH 44333 |
| Business Phone   | (330) 668-7878                                    |
| County   | Summit  |

| License and Registration Information                    |                  |                    |                 |        |
|---|------------------|--------------------|-----------------|--------|
| License   | First Issue Date | Current Issue Date | Expiration Date | Status |
| PC.021736100-03   | 08/07/2007       | 01/01/2012         | 12/31/2012      | ACTIVE |
| License Type: Practitioner Corporation - Category Three |                  |                    |                 |        |
| Responsible Party: BRIAN HEIM MD                        |                  |                    |                 |        |

| Formal Action Information |
|---------------------------|
| No formal action exists.  |

This data is an accurate representation of information currently maintained by the Ohio State Board of Pharmacy as of 1/10/2012.

This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".

This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.



LICENSE VERIFICATION DEPARTMENT

PHONE: (800) 472-4346 Ext. 5137

FAX: (631) 843-5390

Date: Aug 17, 2011 Account: 2568231

Brian Heim  
3562 Ridge Park Dr Ste A  
Akron OH 443339294

Dear Dr. Heim,

As a prudent healthcare distributor, Henry Schein Inc. regularly monitors its customer's orders of controlled substances, Rx items, and List One Chemicals. In this regular and ongoing review process, your recent order has come to our attention. Consequently, before we release this order, we will need this questionnaire filled out in its entirety and returned to the License Verification Department.

1. Please describe your practice type: Large Group ☒ Solo practice ☐ Other list \_\_\_\_\_
2. Website (if any) \_\_\_\_\_
3. What is your licensed specialty? FAMILY PRACTICE / Current practice specialty? \_\_\_\_\_
4. Is the practice owned by a licensed practitioner? Yes ☒ No ☐ (If no please provide owners name and occupation) \_\_\_\_\_
5. Is the above listed address your office address or home address? OFFICE
6. If it's your home address, please list practice address. \_\_\_\_\_
7. Business phone number. Land line (330) 468-7878 Fax Line (330) 468-4747 Cell ( ) \_\_\_\_\_
8. Number of Practitioners in this office? 1, PA's \_\_\_\_\_ Other please list \_\_\_\_\_
9. Do you have an onsite dispensary? Yes ☒ No ☐
10. Do you accept insurance? Yes ☒ No ☐ % of patients who pay with cash/credit/check? 30 %
11. Days /Hours of operation: M - TH - 8-5 F 8-2
12. Do you order controlled substances for multiple locations? Yes ☐ No ☒ (If yes, please provide list of locations) \_\_\_\_\_
13. Please list the control substances and estimated amounts you intend to order from Henry Schein, Inc.  
TESTOSTERONE, VIOXXIN - AMOUNT VARIES  
2 VIALS TESTOSTERONE, 1 BOTTLE VIOXXIN EVERY 4-6 MONTHS
14. Please indicate the expected frequency of your orders for controlled substances. EVERY 6-8 WKS
15. Please list the conditions that the controlled substances are being used to treat? ACUTE MUSCULOSKELETAL PAIN, HYPERTENSION
16. How many patients does each practitioner see daily? 30, Percent of patients from out of state 6 %
17. Out of those patients what percentage do you dispense (Patients leave office with drug supply) controlled substances to? 5-10, Administer (In office use only) to? 0
18. Do you use any of the control drug items you order to self medicate? Yes ☐ No ☒

▷ If Yes, please explain: \_\_\_\_\_

BRIAN HEIM MD

BH1542283

35-07-1122

Doctor Name (Print)

DEA Number

State License Number

Doctor Signature

We appreciate your cooperation.

Henry Schein, Inc., 135 Duryea Road, Melville, NY 11747





| Name and Address |   |
|------------------|---|
| Name             | COPLEY PRIMARY CARE, LLC                          |
| Public Address   | 3562 RIDGE PARK DRIVE, SUITE A<br>AKRON, OH 44333 |
| Business Phone   | (330) 668-7878                                    |
| County           | Summit  |

| License and Registration Information  |                  |                    |                 |        |
|---|------------------|--------------------|-----------------|--------|
| License   | First Issue Date | Current Issue Date | Expiration Date | Status |
| PC.021736100-03   | 08/07/2007       | 01/01/2011         | 12/31/2011      | ACTIVE |
| License Type: Practitioner Corporation - Category Three<br>Responsible Party: BRIAN HEIM MD |                  |                    |                 |        |

| Formal Action Information |
|---------------------------|
| No formal action exists.  |

This data is an accurate representation of information currently maintained by the Ohio State Board of Pharmacy as of 6/3/2011.

This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".

This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.



**MedProID - State License Detail**

Report Date : 6/3/2011 10:51:41 AM (EST)  
WebID User : HENRYSCHEIN08

**SLN Information**

Name : Brian David Heim  
Address : 3562 Ridge Park Drive - Suite #A  
City/State/Zip : Akron OH, 44333  
  
License State : OH - Ohio  
License # : 35.071122  
License Expires : 10/01/2012  
Status : Active  
  
Prof Designation : Doctor of Medicine  
- Certification Code : MD  
- Description : MEDICAL DOCTOR  
- Specialty : Family Practice/Obstetrics & Gynecology  
Disciplinary Action : YES

**DEA Information**

Name : Brian D Heim MD  
Address : 3562 Ridge Park Drive  
Suite A  
City/State/Zip : Akron, OH 44333  
  
DEA State : OH - Ohio  
DEA # : BH7542283  
Status : Active  
DEA # Expires : 10/31/2013  
Business Activity Code : Practitioner  
Drug Schedule : 22N 33N 4 5

**NPI Information**

Name : Brian D Heim MD  
  
Mailing Address : 3562 Ridge Park Dr  
Suite A  
City/State/Zip : Akron, OH 44333  
Phone # : (330)668-7878  
Fax # : (330)668-4747  
  
Practice Address : 3562 Ridge Park Dr  
Suite A  
City/State/Zip : Akron, OH 44333  
Phone # : (330)668-7878  
Fax # : (330)668-4747  
  
NPI # : 1619952561  
NPI State : OH - Ohio  
NPI Provided Status : NPI-Active  
NPI Taxonomy : 207Q00000X - Family Medicine  
NPI Provided State License # : 35071122  
Gender : Male  
Enumeration Date : 12/14/2005  
Last Update Date : 10/21/2008